

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/700293		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1							51			
2							52			
3							53			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1									
TOTAL DEP.	1									
TOTAL CL/IMS	1									
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS										